

## PLACE OF BIRTH

1. County of Hila  
 District of San Carlos  
 Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Thora Waterman  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 ) If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? Yes 7. Date of birth 4 18 25  
 Month day year

3. FATHER  
 Full name Wallace Waterman

14. MOTHER  
 Full maiden name Karna(?)

9. Residence (Usual place of abode) San Carlos  
 If nonresident, give place and state Ariz

15. Residence (Usual place of abode) San Carlos  
 If nonresident, give place and state Ariz

10. Color or race 4/4 Indian 11. Age at last birthday 62 (Years)

16. Color or race 4/4 Indian 17. Age at last birthday 56 (Years)

12. Birthplace (city or place) San Carlos Res.  
 (State or country) Ariz

18. Birthplace (city or place) San Carlos Res.  
 (State or country) Ariz

13. Occupation  
 Nature of industry Farmer

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 4  
 (b) Born alive but now dead 1  
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? no

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 A. on the date above stated.  
 (Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature E. H. Sawyer M.D.  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year.

Address San Carlos, Ariz  
 Filed \_\_\_\_\_, 19\_\_\_\_  
 Local Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_  
 County Registrar.

Registrar.

County Registrar.

665-418-200